

[Odontogenic Pain Management \[1\]](#)

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Context

Odontogenic pain, also known as dental pain or tooth pain, is a common condition worldwide and the most prevalent form of orofacial pain. When dealing with odontogenic pain, dentists should base their clinical and pharmacological decisions on a methodical, ethical and objective evaluation with the strongest evidence available, and not on personal clinical experiences or anecdotal knowledge. Therefore, a global consensus is necessary among health professionals to coalesce analgesic classic concepts and emerging trends to establish an effective strategy for treating odontogenic pain and control the misuse of analgesic medications.

Scope

This Policy Statement covers general aspects for consideration during odontogenic pain diagnosis and treatment selection. It is addressed to National Dental Associations, dental academic groups and dentists, to improve proper management of this condition. No drug therapies are discussed or recommended, as drug availability and preferences vary throughout the world.

Definitions

Pain

Unpleasant, sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage¹.

Odontogenic Pain

Pain originating from dental structures, pulpal or periodontal².

Principles

Pain is a common experience with profound social implications. Its economic burden extends to health services, loss of workdays, decreased productivity, difficulty learning, and disability compensation. Treatment of odontogenic pain needs an adequate approach as the prevalence of this condition is still a significant health burden worldwide.

Policy

FDI supports the following statements:

- Any clinical or pharmacological decision for pain management should be supported by the patient's complete medical information; including age, history of systemic diseases, drugs or medication intake, recent surgical or clinical interventions, psychologic/psychiatric condition and/or treatment, or pregnancy.
- A differential diagnosis of dental pain is needed before any intervention; distinguishing between odontogenic pathologies and non-odontogenic painful etiologies. A detailed description of pain and the complete diagnostic sequence are mandatory, including adequate clinical and radiographic examination.
- Appropriate anesthetic blockade is recommended in most cases before any clinical intervention for odontogenic pain management. The clinician is encouraged to personalize the selection of the anesthetic technique and solution, to assure the adequate depth and duration of treatment, considering potential

allergic reactions. Alternative strategies should be considered to prevent and manage possible anesthetic failures that can lead to uncomfortable treatments.

- Any treatment decision should include an adequate clinical approach (i.e. palliative, restorative, endodontic, etc.) and the selection of pharmacological adjuvants when needed. Such decisions should be made based on the best available evidence, taking cost-effectiveness considerations and with the patient's consent.
- Pharmacological interventions must consider evidence of previous adverse or allergic reactions to certain drugs, and plausible drug interactions should be pondered in the presence of concomitant pharmacological treatments. Dependence and addiction resulting from the use and/or abuse of drugs to control pain (such as opioids) should be considered during development of the patient's treatment plan. Dentists are encouraged to actively participate in pharmacovigilance, reporting possible drug adverse reactions when present.
- Post-operative analgesic protocols should be selected according to the severity and clinical presentation of pain. It is advisable to not only select analgesic compounds with the desirable clinical effect, but also with as few adverse reactions as possible. No pharmacological treatment should be initiated without confirmation of the initial diagnosis and the dose must be controlled by prescribing only the necessary amount of medications.
- If pain cannot be controlled by standard clinical and pharmacological protocols, the patient should be referred for specialist attention as soon as possible.

Disclaimer

The information in this Policy Statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

References

1. *The International Association for the Study of Pain*. IASP Taxonomy - IASP. 2012. (<https://www.iasp-pain.org/Taxonomy> [2], accessed ____ 2017).
2. Okeson JP. *Bell's oral and facial pain*. Quintessence Publishing Co. Inc. 2014.

[Science Committee](#) [3] **Classification:** [Diagnosis](#) [4]

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[2] <https://www.iasp-pain.org/Taxonomy>

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